

Louisiana Office of Telecommunications Management

Data Dial Tone Service Order Form (OTM-25)

OTM ORDER NUMBER: _____
(To Be Completed by OTM)

TICKET NUMBER: _____
(To Be Completed by OTM)

Section 1

Agency Cost Center Number _____ Due Date Requested _____
Department/Office/Section _____
Primary Technical Contact _____ Email _____ Phone _____
Alternate Technical Contact _____ Email _____ Phone _____
Telecommunications Coordinator Approval _____

Type of Service Requested (Check Appropriate Box)

Section 2

Building

- ☐ Desktop Connection Speed _____ Duplex _____
(For PCs, printers, other networked devices. 100 Mb / full duplex is default. Indicate if different settings are required.)
- ☐ Switch-to-Switch Network Connection (for OIT approved areas only)
(2 ports are used for redundancy. Indicate quantity if additional ports are required.)
10/100 _____ Gigabit (MM fiber) _____

Intranet Data Center (Private)

- ☐ Server Connection Speed _____ Duplex _____ Copper? ☐ Fiber? ☐
- ☐ Switch-to-Switch Network Connection
(2 ports are used for redundancy. Indicate quantity if additional ports are required.)
10/100 _____ Gigabit (MM fiber) _____

DMZ (Public)

- ☐ Server Connection Speed _____ Duplex _____ Copper? ☐ Fiber? ☐
- ☐ Switch-to-Switch Network Connection (One port)
10/100 _____ Gigabit (MM fiber) _____
- ☐ Bandwidth _____ Mbps (.5, 1, 1.5, 3, 4.5, 6, 9, 12, 15, 18, 21)
(Indicate total amount required for ALL public servers in the DMZ to access the Internet)

LaNet via Data Dial Tone

- ☐ Bandwidth _____ Mbps (.5, 1, 1.5, 3, 4.5, 6, 9, 12, 15, 18, 21)

By submitting this LaNet access request, the Subscriber acknowledges that they have read, understood, and agreed to be bound by the applicable terms and conditions outlined in the LaNet Access Service Request, which is incorporated herein by reference.

TC _____ (Initial)

Revised 09/04

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Action Required (Check Appropriate Box)

Section 3

- ☐ Add/New ☐ Delete
☐ Change (please explain; use Remarks if necessary)

☐ Move from location below to location _____
(Room/Cubicle #, Jack #)

Add/Move/Change Details

Section 4

Building/Data Center _____ Floor _____ Room/Cubicle # _____
Physical Address _____
User Name _____ User's Telephone # _____
Jack ID _____ IP Address (if applicable) _____
DDIAL Inventor Number _____ (OTM to assign for New Services / Agency to provide for existing service)
Remarks (Attach additional sheet if necessary)

Fax the completed form to OTM at 225-342-7372.

For assistance in completing the form, contact OTM Advanced Services at 225-342-0003 or 225-342-7761.

Revised 09/04